Pathogenesis of Icterus in the Newborn.—E. LEURET (*Archives de médecine des enfants*, 1905, vol. viii. p. 129) discusses the theories concerning the causation of jaundice in newborn children; on the strength of a study of 35 children with icterus neonatorum and one of true infectious icterus, he opposes the hepatogenic theory of its origin. While in the former cases Gmelin's test with the blood serum was always negative, in the latter it was always positive. In addition, he reports having found in at least seven of the cases a true solution of hæmoglobin in the blood serum of the infants before the jaundice made itself manifest; it could be demonstrated macroscopically and spectroscopically. As the condition advances the blood becomes more and more colored, to pale off again as the condition disappears, until no more of it can be seen. The urine is deeply colored from the very beginning, but this is not due to biliary pigments, but rather to blood pigments, which have been transformed in the kidneys into less oxidized bodies; in true infectious icterus the demonstration of bile pigments in urine is easy. With the pigmentary surcharge is also noted an increase in the urinary phosphates and nitrogen; this decreases again as the pigments diminish. The increase is probably due to a destruction of nucleoalbumins, chiefly from leukocytes. To test the functional ability of the kidneys he injected methylene blue in 10 cases, and was not able to discover any difference in the permeability of the kidneys of normal and icteroid children; elimination is as rapid in one as in the other. The stools stay colored, the pulse does not alter materially, and in 3 autopsies he was not able to discover any bile in the blood and the liver was absolutely normal in size; in the infectious case there was total degeneration. From all this it seems impossible to subscribe to the theory of hepatic insufficiency and renal impermeability, but it seems much easier to believe in a hæmatogenic origin. Its cause is probably found in an exposure of the infantile body to low temperature, a condition not tolerated well by the newborn. The greater number of cases of the condition are found among the premature and the weak infants, which are known to react especially bad to low temperatures. This chilling produces the solution in the blood of a certain amount of the hæmoglobin, which, when brought in contact with the tissues, becomes further reduced and gives rise to the formation of a number of yellow pigments, the nature of which is not known yet.

Treatment of Enuresis and Polyuria by Epidural Injections.—Injections of normal salt solution into the space between the periosteum of the vertebræ and the spinal membranes are recommended for enuresis by W. T. FREEMAN (*British Journal of Children's Diseases*, 1905, ii. p. 352). In young children this is not so easy to perform, but after the age of nine there is usually no difficulty, and it can be performed in older individuals without an anæsthetic; younger ones should have nitrous oxide or ethyl chloride. The nerve roots of the cauda equina are stimulated by the injections. In most cases the enervated sphincter tone is improved; in a few no improvement is noted. The amount of the injection may vary between two and six drachms, but as much as twelve drachms have been injected by the author at a single sitting. Sometimes one injection cures, but in most instances it should be repeated after a few days; if no improvement is noted after four treatments, the injections may be said to have failed to cure. The needle should be from one and a half to three inches long, the point of injection between the last lumbar vertebra and the sacrum directly in the middle line. The cases of nine children are reported somewhat in detail.

Poisoning with Corrosive Sublimate.—Bosc (*Revue mensuelle des maladies de l'enfance*, 1905, xxiii. p. 175) reports the case of a girl of eleven who was ordered a corrosive sublimate lotion 1:1000 because of impetigo. In mistake she drank two-thirds of a large glass of this solution. Within a short time she complained of burning along the œsophagus and pressure in the epigastric region. She was ordered egg-albumen, syrup of ipecac, and black coffee; she vomited copiously and felt better, with the exception of constant nausea and tenderness in the epigastrium; the urine contained albumin. On the sixth day an intense mercurial stomatitis appeared, with ulcers throughout the greater part of the mouth; the nose also was ulcerated, the breath heavy and fetid. During the next few days the ulcerations spread and other general symptoms appeared; they were in part ulcers with diphtheritic membrane over the left labium majus, diarrhœa, albuminuria, oliguria, cyanosis, delirium, weak dicrotic pulse and lastly an erythema, which beginning in the lower extremities spread over the whole of the body and resembled the eruption of measles. Vomiting continued and the stools contained much blood. The condition lasted thus without much change for three weeks, when desquamation began and the other symptoms slowly disappeared. It was some time before the kidneys and mouth recovered from the intoxication. The treatment was purely symptomatic.

Etiology and Pathology of Bronchopneumonia Complicating Measles.—C. F. Craig (*Journal of the American Medical Association*, 1905, xliv. p. 1187) reports an epidemic of measles comprising eighty-nine cases; twelve (13.5 per cent.) of these patients developed bronchopneumonia, and of these ten (84 per cent.) died. The histories and autopsy records of the cases are given in detail. From a summary of the macroscopic and microscopic pathology of the organs from these cases the author concludes that it is evident that the bronchopneumonic infection was of a septic character, producing very severe and rapidly fatal lesions in all the organs of the body. The peculiar pathological lesions present were the occurrence of hemorrhages in all the organs, areas of focal necrosis, hyaline degeneration, empyema, and abscess formation in the lungs, kidney, and spleen, with large numbers of lymphoid cells in the air vesicles of the lungs. Most peculiar was the occurrence, in nine of the ten fatal cases, of empyema and lung abscess, a complication rare in bronchopneumonia in the course of measles; also the very grave kidney changes. In all these fatal cases streptococci were found, and because of this he believes himself justified in considering this epidemic of bronchopneumonia complicating measles as being due to a secondary infection of the diseased mucous membrane of the respiratory tract by streptococci, with consequent production of a bronchopneumonia associated with a pyæmic infection due to these organisms.